

KIBU-F-ADM-027

**KIBABII UNIVERSITY**

**STAFF TRAINING AND DEVELOPMENT EVALUATION FORM**

**General Guidelines**

1. The purpose of the Staff Training and Development Evaluation is to assess an officer’s performance in the job as comprehensively and objectively as possible, taking into consideration the knowledge and skills acquired from training. The information in the Evaluation Form will be used in assessing the effectiveness of the training undertaken by the staff.
2. The reporting officer shall give details on the performance of the trainee during the period and indicate any constraints which may have prevented the trainee from achieving better results/performance in the job.
3. The reporting officer will normally be the officer’s immediate supervisor and the countersigning officer will be the immediate superior of the reporting officer.
4. Once the Evaluation Form has been completed in all sections, it shall not be altered. However, if the countersigning officer does not agree with the views of the reporting officer, the appropriate counterviews should be recorded.
5. Three (3) copies of the Appraisal form should be completed and distributed as follows:-
6. 1 copy shall be given to the trained staff.
7. 1 copy to be kept in trained staff’s department file.
8. 1 copy to Registrar (Administration) for record in staff’s file.

*SECTION 1,2,3,&4 should be filled by the officer being appraised.*

**SECTION 1: PERSONAL DETAILS**

Name……………………………………………... PF. No…………(Male/Female)…………

 *(Surname first)*

Faculty/Department……………………………………………………………………………

Department……………………………………………………………………………………

Duty Station …………………………………………………………………………………

**SECTION 2: EMPLOYMENT RECORD**

1. Terms of Service (Probation, Temporary, Permanent & Pensionable, Contract)
2. Date of Entry into the service…………………………………………………………
3. Designation……………………………………………………………………………
4. Present substantive appointment………………………………………………………
5. Grade……………………………………….with effect from………………………..

**SECTION 3: TRAINING(S) ATTENDED**

1. Training Institution(s)

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...

1. **Period of training**

From ………………………… to …………………………………………………

1. Professional/Technical Skills covered

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Knowledge acquired during the training.

………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**SECTION 4: SELF ASSESSMENT**

1. Summary of duties and responsibilities attached to the post during the year under review, stating specific objectives that were to be achieved.

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

1. How has the training that you have attended assisted you in the performance of your work?.……………………………………………………………………
2. State other factors apart from training which have assisted you in performance of your duties. Give details.

…………………………………………………………………………………………

1. (a) Did you accomplish all the work that you were assigned during the appraisal period? Yes/No……………………………………………

(b) If the answer is no, indicate specific tasks not accomplished giving reasons.

……………………………………………………………..…………………………

(c) Would you have managed to handle a heavier workload? Yes/No - give reasons.

………………………………………………………………………………………

1. After the training you attended, do you consider yourself fully utilized? If not give details.…………………………………………….
2. What is the overall assessment of your performance during the period of assessment?

Excellent Very Good Good Satisfactory Unsatisfactory

(Please the appropriate rating in the box)

1. What is the overall assessment of your job satisfaction during the period of assessment?

Satisfied/fairly satisfied/dissatisfied. Give details

…………………………….…………………………………………………………..

Appraisee’s Signature: ………………………………..……Date:………………………….

**SECTION 5: ASSESSMENT BY THE REPORTING OFFICER (IMMEDIATE SUPERVISOR)**

(a) Description of tasks performed by the appraisee during the period of appraisal.

………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

(c) (i) Assessment of Performance of the trained staff.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/No.** | **Assessment Centre** | **Max. Marks** | **Awarded Score** | **Comment (s) by Supervisor** |
| 1. | Knowledge of work | 5 |  |  |
| 2. | Quality & Quantity of work | 5 |  |  |
| 3. | Initiative & Ability to learn | 5 |  |  |
| 4. | Co-operation | 5 |  |  |
| 5. | Judgment | 5 |  |  |
| 6. | Diligence & Morale | 5 |  |  |
| 7. | Discipline & Conduct | 5 |  |  |
| 8. | Communication | 5 |  |  |
|  | **Total Score** | **40** |  |  |

**4. OVERAL RATING**

**E (86%-100%) V (71%- 85%) G (61%-70%) S (50%-60%) U (0%-49%)**

**RATING INDENTIFICATION**

**E- Excellent** Performance is exceptional in all areas and is recognizable as being for superior to others

**V-Very Good** Result clearly exceeds most position requirements. Performance is of high quality and is achieved on a consistent basis.

**G- Good** Competent and dependable level of performance. Meets performance standards of the job.

**S-Satisfaction**  Performance is still deficient in certain areas. Improvement is necessary.

**U-Unsatisfactory** Results are generally unacceptable and require immediate improvement. No merit increase should be granted to individuals with this rating

Supervisor’s Signature: ………………………………..……Date:………………………….